For Utility/Design CIP/PCT National Original/Substitute/ Suppl m ntal Declarations

Rule 53(b) (37 C.F.R. § 1.53(b), COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket No.: <u>98-25 C1</u>

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

| NASAL MASK AND SYSTEM USING SAME | | | | | | | | | |
|--|------------------------------|--------------------------|------------------------------------|---|-----------------------|--|--|--|--|
| | | | | | | | | | |
| | h (Check applicable Box(e | <u>es))</u> : | • | | | | | | |
| is attache | | | | | | | | | |
| | on: May 25, 2001 | | as U.S. Appln. No.: | | | | | | |
| | as PCT International Appl | ication No. PCT/ | | on | | | | | |
| was amen | ded on: | | | | | | | | |
| | | | | | | | | | |
| I hereby state that I have | reviewed and understand | the contents of the abo | ve identified specification, inclu | iding the claims, as amended by any amer | ndment referred to | | | | |
| above. I acknowledge th | e duty to disclose all infor | mation known to me to | be material to patentability as o | defined in 37 C.F.R. § 1.56. | | | | | |
| | | | | | | | | | |
| | | | | or inventor's certificate listed below and ha | | | | | |
| | | | | subject matter claimed in this application | n and having a filing | | | | |
| date (1) before that of the | e application on which pri- | ority is claimed, or (2) | if no priority claimed, before the | e filing date of this application. | | | | | |
| | | | | | | | | | |
| Prior Foreign Applicati | on(s) | Filed | Date First Laid Open | Dated Patented or | Priority Claimed | | | | |
| Number(s) | Country | (MM/DD/YY) | or Published | Granted | Yes No | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | * | | | 1 | | | | |
| I hereby claim the benefi | t under Title 35. United St | ates Code 8 119(e) of | any United States provisional a | nnlication(s) listed below | | | | | |
| riace, ciam die cener | tunder mad 55, dialog 5 | | any ormos banco provisionar a | ppnoudon(e) nated colo | | | | | |
| Number(s) | | Filing Date (MM/DD/YY) | | | | | | | |
| 110111001(0) | | T ming Date (mins) | <u> </u> | | | | | | |
| | | | • | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | | | | | |
| | | | | | | | | | |
| | | | | plications listed below and PCT internation | | | | | |
| | | | | disclosed and claimed in this application | | | | | |
| | | | | material to patentability as defined in 37 | C.F.R. § 1.56 which | | | | |
| became available betwee | n the filing date of each su | ich prior application a | nd the national or PCT internation | onal filing date of this application: | | | | | |
| Application Number | | Littles Date (MARIO | 5500 | Ctatus (astantad panding abandan | N | | | | |
| Application Number | | | | Status (patented, pending, abandoned) | | | | | |
| 09/310,548 | | May 12, 1999 | | pending | | | | | |
| | | <u></u> | • | | | | | | |
| | • •• | | | | | | | | |
| | | | | de on information and belief are believed | | | | | |
| | | | | punishable by fine or imprisonment, or b | | | | | |
| 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | | |
| | | | | | | | | | |
| And I hereby appoint the | following attorney(s) and | or agents(s) to prosect | ate this application and to transa | ct all business in the Patent and Tradema | rk Office connected | | | | |
| herewith: Michael W. Haas, Reg. No. 35,174 | | | | | | | | | |
| | | | | | | | | | |
| Address all correspondence to: Michael W. Haas, Intellectual Property Counsel, RESPIRONICS, Inc., 1501 Ardmore Boulevard, Pittsburgh, PA 15221 | | | | | | | | | |
| | | | • | | | | | | |
| | | | | | | | | | |
| (1) Inventor's Signature | In S Bu | with | 1 | Date: / 7/2/01 | | | | | |
| | | | | | | | | | |
| Full Name: Shari S. Barnett | | | | Citizenship: U.S.A. | | | | | |
| Residence: City: Cardiff State: California Country: U.S.A. | | | | | | | | | |
| Post Office Address: 1770 Rubenstein Drive, Cardiff, California, 92007 | | | | | | | | | |
| | | | | | | | | | |
| | | 1. / | | | | | | | |
| (2) Inventor's Signature | () 1 1 | | Date: 7 -1/2 -0/ | | | | | | |
| Joseph // /Mall | | | | Date: 7-100/ | | | | | |
| Full Nam | e: Joseph M. Miceli | | Citizenship: U.S.A. | | | | | | |
| Residence: City: Pittsburgh State: Pennsylvania Country: U.S.A. | | | | | | | | | |
| Post Office Address: 4850 Hialeah Drive, Pittsburgh, Pennsylvania, 15239 | | | | | | | | | |
| 5 | | | , | | | | | | |

Attorney Docket No.: <u>98-25 C1</u>
Title: <u>Nasal Mask and System Using Same</u>

DECLARATION AND POWER OF ATTORNEY (Continued) ADDITIONAL INVENTORS

| (3) Inventor's Signature: | Gac. G.C. | | | Date: 7- | 10-01 | | | | |
|--|--|---------------|-------------|--------------|-----------------|--|--|--|--|
| Full Name: | Peter Ho | | | Citizenship: | United Kingdom | | | | |
| Residence: | City: Pittsburgh | State: Po | ennsylvania | | Country: U.S.A. | | | | |
| Post Office Address: 3 Jenny Lynn Court, Apt. I, Pittsburgh, Pennsylvania, 15239 | | | | | | | | | |
| | | | | | | | | | |
| (4) Inventor's Signature: | Jent K. Salv | | | Date: 7-17 | 2-01 | | | | |
| Full Name: | Kristine K. Sabo | | | Citizenship: | U.S.A. | | | | |
| Residence: | City: New Kensington | State: Po | ennsylvania | | Country: 15068 | | | | |
| Post Office Address: | 136 Venango Court, New Kensington, Per | nsylvania, 15 | 068 | | | | | | |
| | | | | | | | | | |
| (5) Inventor's Signature: | | | | Date: | | | | | |
| Full Name: | | | | Citizenship: | | | | | |
| Residence: | City: | State: | | | Country: | | | | |
| Post Office Address: | | | | | | | | | |
| | | | | • | | | | | |
| (6) Inventor's Signature: | | · | | Date: | | | | | |
| Full Name: | | | | Citizenship: | | | | | |
| Residence: | City: | State: | | | Country: | | | | |
| Post Office Address: | | | · | | | | | | |
| | · | · | ****** | | | | | | |
| (7) Inventor's Signature: | | | | Date: | | | | | |
| Full Name: | | | | Citizenship: | | | | | |
| Residence: | City: | State: | | | Country: | | | | |
| Post Office Address: | | | | | | | | | |
| | | | | | | | | | |
| (8) Inventor's Signature: | | | | Date: | | | | | |
| Full Name: | | | | Citizenship: | | | | | |
| Residence: | City: | State: | | | Country: | | | | |
| Post Office Address: | | | | | | | | | |
| | | | | | | | | | |
| (9) Inventor's Signature: | | | | Date: | | | | | |
| Full Name: | | | | Citizenship: | | | | | |
| Residence: | City: | State: | | | Country: | | | | |
| Post Office Address: | | | | | | | | | |